# **Hot Meals To GO**

\*This program is designed to serve personals working on remote sites/duty sections that cannot physically come to Dining Facility.\*

# STEP 1

Choose meal items off of Bi-Weekly DFAC meal Menu (https://mhafbfun.com/directory\_listing/wagon-wheel-dining-facility-dfac/)

#### STEP 2

Fill out HOT TO-GO Meal Order Form (located below)

2 hours prior to pick-up and email to 366FSS.FSVF.DFAC@us.af.mil.

#### STEP 3

Call DFAC at 208-828-6420/6004 to arrange pick up and confirmation of the request.

## PICK UP TIME (Monday- Friday)

Breakfast: 0600-0800

■ Lunch: 1100-1300

Dinner: 1730-1900

Midnight: 2300-0030

## PICK UP TIME (Weekends/Holidays)

■ Brunch: 0700-1230

■ Dinner: 1600-1800

■ Midnight: 2300-0030

#### STEP 4

Arrive with request form and tokens to pick up the meals.

# HOT TO-GO MEAL ORDER FORM

Wagon Wheel Dining Facility

Phone: 8-6420 PAGE OF Submit requests TWO hours prior to the pick-up time Weekdays

Breakfast: 0600 - 0800

Lunch: 1100 - 1300 Dinner: 1730 - 1900

Late Night: 11:00 -1230

Late Night: 2300 -0030 Late Night: 2300 - 0030

Weekends/Holidays/Family days

Brunch: 0700-1200

Supper: 1600-1800

PICK UP TIME

| DATE: Meal:  |   |          |           |   |         |            |  |
|--|---|----------|-----------|---|---------|------------|--|
| Squadro  | on:   | Section: |           |   | Phone # |            |  |
| Line #   | GRADE Name - Last and First Initial (print) |          |           | Print <u>clearly</u> below the items requested from <u>today's</u> menu |         |            |  |
|  |   |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  |   |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  |   |          |           | +   |         |            |  |
|  | DOD ID#                                     |          |           | -   |         |            |  |
|  | DOD 10#                                     |          |           | - <del> </del>  |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           | 1   |         |            |  |
|  |   |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  |   |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  |   |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  | DOD 10#                                     |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           | _   |         |            |  |
|  | DOD ID#                                     |          |           |   |         |            |  |
|  | 000 1011                                    |          |           |   |         |            |  |
|  | DOD ID#                                     |          |           | 1   |         |            |  |
| I CERTIFY THAT THE ABOVE INDIVIDUALS ARE INVOLVED IN DUTY THAT PRECLUDES USE OF THE NORMAL DINING FACILITY DURING THIS MEAL PERIOD (signature required by requesting representative) |   |          |           |   |         |            |  |
|  | DE ORGANIZATION DUTY PHONE                  |          | SIGNATURE | . •   |         | Total Cash |  |

AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943

PRINCIPAL PURPOSES: Used to authorize and verify the Subsistence-in-Kind entitlement; record the numbers of people subsisting; and account for cash collected.

 $ROUTINE\, USES: Information\, may be\, disclosed\, to\, the\, Department\, of\, Justice,\, and\, to\, federal, state,\, local\, or\, foreign\, law\, enforcement\, authorities\, for investigating\, or\, prosecuting\, a\, violation\, or\, potential\, violation\, of\, law.$ 

 $DISCLOSURE: Disclosure of SSN is voluntary. \ However, members otherwise entitled to Subsistence-in-Kind will not be provided a meal at no cost without the SSN, since the SSN is used to verify the entitlement. \\$ 

<sup>&</sup>quot;This document contains information which must be protected IAW AFI 33-332 and DOD Regulation 5400.11; Privacy Act of 1974 as Amended applies, and it is For Official Use Only (FOUO)."